

# Operational Support Application Form

**Fiscal Year 2011 (July 1, 2010 - June 30, 2011)**

*(Round All Monies to the Nearest Dollar)*

**Total expense budget from Budget Expense Form line 9: \$** \_\_\_\_\_

## Applicant Information

**Organization Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/County/State:** \_\_\_\_\_

**Nine-digit Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Federal Employer Identification Number (FEIN):** \_\_\_\_\_

**DUNS Number:** \_\_\_\_\_

**State Agency Number, if applicable:** \_\_\_\_\_

**State Legislative District (House) Number:** \_\_\_\_\_

**State Legislative District (Senate) Number:** \_\_\_\_\_

**Congressional District (U.S. House) Number:** \_\_\_\_\_

**Authorizing Official Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

*(Executive director, board chairman or board president)*

**Project Director:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

## Organizational Status

### **Is this organization:**

\_\_\_\_ Nonprofit (Date established in Kansas: \_\_\_\_\_)

\_\_\_\_ City/County Government Agency

\_\_\_\_ State Agency

\_\_\_\_ Other: \_\_\_\_\_

**Is the organization multi-cultural? (see All Applicants for definitions)** \_\_\_\_ Yes \_\_\_\_ No

**Please fill in the spaces below with the income/expense data from the applicant's most recently completed fiscal year:**

Dates (MM/DD/YY): \_\_\_\_\_ to \_\_\_\_\_

Cash Operating Income: \$ \_\_\_\_\_

Cash Operating Expenses: \$ \_\_\_\_\_

**If operating income and expenses differ, please attach a note explaining the difference. If there is a deficit, please explain how the deficit is being managed.**

**List other Kansas Arts Commission grant programs that the applicant has applied for (prior to this application) for Fiscal Year 2011.**

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